



City of Alexandria, Department of Recreation, Parks and Cultural Activities
Therapeutic Recreation Program
1108 Jefferson Street, Alexandria, VA 22314
Office: (703) 746-5422 Fax: (703) 535-5863



Therapeutic Recreation Program Summer Registration Packet



Olympic Dreams

“Let’s Get **F.I.T.**”

“**Friends In Training Together**”



Summer 2012
Celebration of London Summer Games
And the Olympic Spirit!



DEPARTMENT OF RECREATION, PARKS
AND CULTURAL ACTIVITIES

James B. Spengler
Director

1108 Jefferson Street
Alexandria, Virginia 22314-3999

Phone (703) 746-4343
Fax (703) 838-6344

March 27, 2012

Dear VIPs (Very Important Parents),

Welcome to the Therapeutic Recreation Summer Camp Program. Enclosed you will find the 2012 Summer Camp registration packet and a brief outline of the summer camp program. As always, we will have a very exciting and entertaining summer planned for your child.

Pre-School Camp (3 – 5 years old)

Start Date: Monday, July 2, 2012

*Cost: \$50.00 per session (2 weeks per session).

Monday – Friday (8:30am – 12:00pm)

End Date: Friday, July 27, 2012

Camp Kaleidoscope (6 – 14 years old)

Camp Teen Scene (15 – 21 years old)

Start Date: Monday, June 25, 2012

*Cost: \$100.00 per session (2 weeks per session) and \$50.00 for last week of program.

Monday – Friday (9:30am – 4:00pm)

Monday – Friday (9:30am – 4:00pm)

End Date: Friday, August 10, 2012

Please Note: There is a \$25.00 non-refundable registration fee that must be submitted with your registration form. To ensure that your child is enrolled in this year's summer camp program, we encourage parents to return their completed registration forms with registration fee as soon as possible. After all slots are filled, there will be a waiting list generated. Limited spaces are available and are filled on a first come, first serve basis. Please indicate on your application, if you will need Before and/or After Care services. Transportation is not provided. Parents are responsible for transportation to and from program.

Please do not hesitate to call the Therapeutic Recreation office at (703) 746-5422, if you have any questions or need more information pertaining to the above information.

We look forward to servicing you and your family this summer!

Sincerely,

Jackie Person

Jackie Person
Therapeutic Recreation Director

alexandriava.gov





City of Alexandria, Department of Recreation, Parks and Cultural Activities

Therapeutic Recreation Program

1108 Jefferson Street, Alexandria, VA 22314

Office (703) 746-5422 Fax (703) 535-5863



**Therapeutic Recreation Summer Camp
Registration Application**

Applicant's Name: _____ Applicant's Age: _____

____ Pre-School Camp (3 - 5 years old) Min Enrollment: 6 and Max Enrollment: 12
____ Camp Kaleidoscope (6 - 14 years old) Min Enrollment: 15 and Max Enrollment: 30
____ Camp Teen Scene (15 - 21 years old) Min Enrollment: 10 and Max Enrollment: 15

Before and After Care Program – (Camp Kaleidoscope and Camp Teen Scene Only)

____ Before Care is from 8:30am – 9:30am Min Enrollment: 6 and Max Enrollment: 12
____ After Care is from 4:00pm – 5:00pm Min Enrollment: 6 and Max Enrollment: 12

Please reserve a slot for my child for the 2012 Therapeutic Recreation Summer Camp Program. I hereby apply for the sessions checked below: **Please use a blue or black ball point pen.**

Pre-School Camp (8:30am – 12:00pm)

____ Jul 2 – Jul 13 (\$ 50.00) ____ Jul 16 – Jul 27 (\$ 50.00)

Camp Kaleidoscope and Camp Teen Scene (9:30am – 4:00pm)

____ Jun 25 – Jul 6 (\$100.00) ____ Jul 9 – Jul 20 (\$100.00)
____ Jul 23 – Aug 3 (\$100.00) ____ Aug 6 – Aug 10 (\$ 50.00)

- ☐ My child will be attending summer school this summer.
☐ My child will participate in the Extended School Year Program (ESY).
☐ My child will be receiving additional therapy sessions during summer camp.

Please Note: No Program on Wednesday, July 4, 2012.

The session fee covers the cost of the program. These fees are not pro-rated. **We ask that all session payments be made by cash or check. All checks should be made payable to the City of Alexandria, and in the memo section, please write Therapeutic Recreation Program.** Please Note: There are additional fees for field trips and special activities. Receipts will be given for all payments received for your records.

I, _____ understand that the cost for the sessions are due by the first day of each session. All payments must be sealed in an envelope with my child's name on it.

I, _____ understand that checks returned for insufficient funds will be assessed a \$35.00 fee by the City of Alexandria.

Signed: _____
Parent/Guardian

Date: _____



Summer Registration Form
Youth / Teen Programs

The City of Alexandria complies with the American Disabilities Act for qualified individuals. To make an ADA accommodation request, please call (703) 746-5423 or email Jackie Person at jackie.person@alexandriava.gov. All ADA request must be submitted four weeks prior to their request date.

(Please use a blue or black ball point pen)

Program(s): (Please check) ☐ Pre-School Camp (3 - 5 years old)
☐ Camp Kaleidoscope (6 - 14 years old)
☐ Camp Teen Scene (15 - 21 years old)

Child's Name: _____

Is your child attending Summer School/ESY? ☐ Yes ☐ No If so, what are the dates: _____

Date of Birth: ____/____/____ Age: ____ Sex: ____ Previously Enrolled in TR Program ☐ Yes ☐ No

Home Address: _____
Street Apt. Number City/State Zip Code

Name of Parent/Guardian: _____ Name of Parent/Guardian: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Social Worker/Case Manager Name: _____ Phone: _____

School Name/Teacher Name: _____ Phone: _____

*Name of Physician: _____ Phone: _____

*Medical Insurance: _____ *Policy Number: _____

*(Information is required)

Emergency Contact Names (other than persons living in your home) with authorization to care for and pick up the applicant in case of an emergency:

Name: _____ Name: _____

Phone: _____ Phone: _____

Other: _____ Other: _____

Relationship: _____ Relationship: _____

Emergency Treatment Release: I give permission, at my expense, for the Therapeutic Recreation Program to acquire emergency treatment for my child, if it is necessary.

Signature _____ Date _____

Photographic Release: I hereby ☐ Do ☐ Do Not grant permission for the Therapeutic Recreation Program to use individual and/or group photographs for publicity, education, and in any or all publications and other media.

Signature _____ Date _____

Liability Waiver: I, on behalf of my child, recognize that there are risks inherent to participating in program activities and agree to hold harmless the City of Alexandria Department of Recreation, its officers, employees, and volunteers from any and all claims from bodily injury and/or property damage which result from my child participation in any and all activities sponsored by the said Department.

Signature _____ Date _____

Transportation / Field Trip Release: I give permission for my child to be transported by the Therapeutic Recreation Program to and from all programs and activities.

Signature _____

Date _____

Swimming Release: I give permission for my child to participate in the Therapeutic Recreation Program swimming activities.

Signature _____

Date _____

Please Check the Primary Disability

- | | | |
|---|---|---|
| <input type="checkbox"/> Mild MR | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Moderate MR | <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Severe MR | <input type="checkbox"/> Other Orthopedic Impairment | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Pervasive Developmental Disorder | <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Other |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Brain Injury | |

Any Other Pertinent Information: _____

Medical Information & Characteristics

- | | |
|---|--------------------|
| • Allergies (food, bee stings, medications, etc.) | Yes _____ No _____ |
| • Dietary Restrictions | Yes _____ No _____ |
| • Physical Limitations / Restrictions | Yes _____ No _____ |
| • Asthma | Yes _____ No _____ |
| • Seizures (Please note frequency and type) | Yes _____ No _____ |
| • Assistance needed for feeding and/or toileting | Yes _____ No _____ |
| • Physically aggressive | Yes _____ No _____ |
| • Unusual Fears | Yes _____ No _____ |
| • Wanders away from group | Yes _____ No _____ |

Applicant WILL WILL NOT be taking medication during Therapeutic Recreation Program hours.

Medication: Dosage: _____

Time of day medication is to be administered: _____

Medication Release: I understand persons who administer medication or special procedures may be inexperienced and are medically untrained. Should the administration of medication be for more than 10 days during program hours, a Medication Release Form must be completed by both the physician and the parent/guardian. No medication will be administered including inhalers and Epipens; if the medication is not packaged in the original container with the prescription label and direction label attached.

I, _____ the parent/guardian of _____ hereby request that members of the Therapeutic Recreation staff be caretakers of my child's medication and administer any medication or procedures as prescribed by the physician.

Signature _____

Date _____

DEPARTMENT OF SOCIAL SERVICES COMMONWEALTH OF VIRGINIA
Standards for Licensed Child Day Centers
Parental Agreements

I, _____, understand that in the event I am notified by the Therapeutic Recreation Program that my child has become ill, I will make arrangements to have my child picked up within two hours if requested by the center; and

I, _____, understand that I must inform the center within 24 hours or the next business day after my child, or any member of my immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Signature _____

Date _____

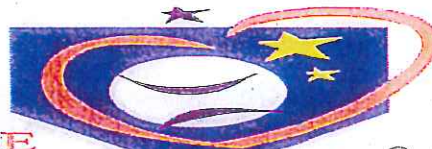
Office Use Only:

Date Received: ____ / ____ / ____

All Paperwork Received: ____ / ____ / ____



Spring 2012 Season



THE MIRACLE LEAGUE of ALEXANDRIA



The Mission of Our Program

Our mission is to provide children between the ages of 6 -17 and young adults 18 years & up access to sports programs for kids of all abilities and levels.

Major League 1 - for participants with moderate to severe disabilities.

Major League 2 - for participants wanting a "less intense, less competitive and more relaxed" atmosphere where they can be successful and enjoy the game just for its own sake without the pressure of the competitive and more intense league play in Little League.

The Goal of Our Program

We are reaching out to kids of all ages that are looking for a fun sports team to join.

This program will have the mission of providing a non-competitive environment where children and adults can go at their own pace. We aim to help develop the participant's self-esteem by allowing them to play without the pressure of being "good enough". Our hope is that the participants can learn new skills, get some exercise, make friends and have fun. Please help us spread the word throughout the community.

The Miracle League of Alexandria team members are assigned "Angel in the Outfield Buddies" who assist them in hitting the ball and "running" the bases. Buddies can be fellow family members, schoolmates, parents, college students, business leaders or anyone who wishes to volunteer their time to give the participant the gift of baseball.

Who Can Sign Up?

The Miracle Baseball League of Alexandria is open for *any person with mental and/or physical challenges or those looking for an alternative to highly competitive sports programs* who reside in the City of Alexandria or within the Northern Virginia area. Children who participate in any Recreation Department Therapeutic Recreation program, Alexandria City Public School System program or with any agency/organization in the City are eligible to participate. Non-residents are eligible to participate for an additional fee.

How Do I Sign My Child Up?

You have the option to register on line at the Recreation Department's web site, by mail or by bringing in the registration form in with payment to the Sports Office, 1108 Jefferson Street, Alexandria, Virginia 22314. Registrations may be found at all neighborhood Recreation Centers, Alexandria City Public Schools, Therapeutic Recreation Office and the Recreation Department Sports Office. Payment is made by check or money order to the City of Alexandria.

Registration Deadline and Program Fee

The registration deadline is April 13, 2012. The fee is \$50.00 per person. (\$30.00 for Therapeutic Recreation registered participants). Non-Residents is \$75.00 per person. Age of participants as of April 30, 2012. Each player will receive an official Major League Baseball replica shirt and hat to play in the league. Fee assistance is available upon request.

Spring Season

The season will run every Saturday morning *April 21 through June 2, 2012*. Games will be held at the Lee Center starting at 12:00 noon and will run 1 hour and 30 minutes each. On inclement weather days, the games will be held at one of the neighborhood Recreation Centers. The season will begin on Saturday, April 21 with an Opening Day Ceremony at 12:00 noon at the Lee Center Field at 1108 Jefferson Street.

Volunteer "Angels In The Outfield Buddies" and Coaches Needed

We are looking for Miracle League Buddies who range from elementary school age to senior citizens can include family members, and local youth and civic groups. All Buddies and Coaches must complete a volunteer application and background check form.

For more information, contact the Sports Office at 703.746.5402 or online at www.alexandriava.gov/recreation

or www.miracleleagueofalexandria.com.



City of Alexandria Department of Recreation, Parks and Cultural Activities
Sports Section
1108 Jefferson Street, Alexandria, Virginia 22314
Office: 703.746.5402 Fax: 703.746.5585



MIRACLE BASEBALL LEAGUE OF ALEXANDRIA

Registration form must be accompanied by \$50.00 payment (\$30.00 for Therapeutic Recreation participants) Non-Residents \$75.00 and a copy of their birth certificate. Make checks/money orders out to the City of Alexandria and send to the address above.

Major League 1 (Participants with Severe Disabilities)

Major League 2 (Less Intense)

Participant's Name: _____
Home Address: _____
Date of Birth: ____/____/____ Age: ____ Sex: ____ Jersey Size: (Circle one) YS YM YLG AS AM ALG AXLG AXXLG

Name of Parent/Guardian: _____ Name of Parent/Guardian: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____
Email: _____ Email: _____

Would You Like to be a Miracle League of Alexandria "Angels In The Outfield Buddie"? ____ Yes ____ No

All buddies must complete a volunteer application and background check form.

Social Worker/Case Manager Name: _____ Phone: _____
School Name/Teacher Name: _____ Phone: _____
Name of Physician: _____ Phone: _____
Medical Insurance: _____ Policy Number: _____

Emergency Contact Names (other than persons living in your home) with authorization to care for and pick up the applicant in case of an emergency:

Name: _____	Name: _____
Phone: _____	Phone: _____
Other: _____	Other: _____
Relationship: _____	Relationship: _____

Medical Insurance

THE CITY OF ALEXANDRIA DOES NOT PROVIDE MEDICAL INSURANCE FOR PROGRAM PARTICIPANTS. IN THE EVENT OF ILLNESS OR INJURY REQUIRING MEDICAL TREATMENT, HOSPITALIZATION, AND/OR SURGERY, THE FAMILY MEDICAL INSURANCE MUST BE USED.

Emergency Treatment Release I give permission, at my expense, for the Sports Section to acquire emergency treatment for the participant, if it is necessary.

Liability Waiver Form

IN CONSIDERATION OF THE CITY OF ALEXANDRIA DEPARTMENT OF RECREATION, PARKS AND CULTURAL ACTIVITIES, CONDUCTING VARIOUS PROGRAMS AND ALLOWING _____ TO PARTICIPATE IN THE **MIRACLE BASEBALL LEAGUE**, THE UNDERSIGNED, REALIZING THE RISK OF INJURY ATTENDANT TO SUCH PROGRAMS DOES HEREBY RELEASE AND FOREVER DISCHARGE THE CITY OF ALEXANDRIA AND THE DEPARTMENT OF RECREATION, PARKS AND CULTURAL ACTIVITIES AND ITS OFFICERS, AGENTS, AND EMPLOYEES FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS OR LIABILITY RESULTING FROM OR ARISING OUT OF OR BASED UPON ANY BODILY INJURY OR PROPERTY DAMAGE WHICH MAY BE SUSTAINED BY THE UNDERSIGNED OR THE UNDERSIGNED'S CHILD WHILE PARTICIPATING IN THIS PROGRAM. PER THE CITY OF ALEXANDRIA POLICIES, REGISTRATION INFORMATION OF EACH PARTICIPANT IS PROVIDED TO THE ALEXANDRIA DEPARTMENT OF RECREATION, PARKS AND CULTURAL ACTIVITIES (ADRPCA) FOR RECREATION DEPARTMENT PROGRAMS ONLY.

Photographic Release: I hereby ____ Do ____ Do Not grant permission for the Sports Section to use individual and/or group photographs for publicity, education, and in any or all publications and other media.

Print Parent or Guardian's Name _____

Date _____

Parent or Guardian's Signature _____

The City of Alexandria complies with the American Disabilities Act for qualified individuals.

To make an ADA accommodation request, please call 703.746.5423 or email Jackie Person at jackie.person@alexandriava.gov.

Kelley's Cares 5K

5K RUN/WALK

Benefiting the Alexandria Therapeutic Recreation Program and
The Miracle League of Alexandria

DATE: Saturday, May 19, 2012

TIME: 8:00 a.m.

PLACE: George Washington Middle School
1005 Mount Vernon Avenue
Alexandria, Virginia 22301

SPECIAL THANKS TO OUR
PLATINUM SPONSOR



 METRO ACCESSIBLE: Braddock Rd Station on the blue & yellow lines



FOR REGISTRATION INFORMATION, VISIT: www.kelleycares.org





Benefiting the Therapeutic Recreation
Program of Alexandria



Support your community

Register today for the fifth annual Kelley Cares 5K Run/Walk! Join your friends and neighbors as we run in the beautiful Del Ray and Rosemont areas of Alexandria. Proceeds of the race will benefit the Therapeutic Recreation Section of Alexandria. Race packets can be picked up at GW Middle School the day of the race from 6:45am - 7:45am (t-shirt included in the price of registration). Do you have questions or want to volunteer? Visit the Kelley Cares website for more information at www.kelleycares.org or send an email to info@kelleycares.org.

WHEN & WHERE

Saturday, May 19, 2012

8:00am start time

George Washington Middle School
1005 Mount Vernon Avenue
Alexandria, VA 22301

REGISTRATION

Day of race 6:45am - 7:45am

Kelley Cares 5K Run/Walk Registration Form • Saturday, May 19, 2012

Return forms and payment to: Kelley Cares, 203 East Luray Avenue, Alexandria, VA 22301

Name: _____ Gender: F or M Birthdate: _____

Address: _____
Street City State Zip

Email: _____ Phone number: _____

☐ 5K Adult Registration (\$25 before 4/23, \$30 after) ☐ 5K Child Registration (ages 6-12, \$15 before 4/23, \$20 after)

☐ 5K Child Registration (age 5 and under are free) T-Shirt Size (circle one): XS S M L XL XXL

☐ My dog will be running with me - \$ 5.00 ☐ Upgrade t-shirt to a technical t-shirt - \$5.00

Payment Information: I would like to pay by (circle one): CASH CHECK

Please make checks out to: Kelley Cares

Liability Waiver must be signed to participate in the Kelley Cares 5K Run/Walk

I recognize that running a road race is a potentially hazardous activity. I have read the race flyer and am familiar with the course, procedures, and rules. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race officials relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to falls, contact with other participants, the effects of the weather, including cold, snow, and/or ice, high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the organizers of the Kelley Cares 5K Run/Walk, its directors, officers, staff, and volunteers, the city of Alexandria, VA and its employees, Pacers Running Stores and its employees, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I understand that headsets of any kind as well as bicycles are prohibited. I ALSO UNDERSTAND THAT THERE ARE NO REFUNDS FOR THIS EVENT.

Signature of participant: _____ Date: _____
(parent or guardian if under age 18)